



Co Name: _____
Company IID: _____
Company Code: _____
☐ New EE ☐ Change ☐ Rehire

Employee Information

Legal Name: _____
Last Name, First Name, M.I. *Preferred Name*
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____
Home Mobile Work
Email: _____ Hire Date: _____
Social Security No: _____ Date of Birth: _____ Sex: _____

Payroll Information

☐ Seasonal ☐ Full Time ☐ Part Time ☐ Temporary
Hourly Rate: _____ Department: _____
Salary Amt: _____ Department: _____
Additional Amounts & Departments (Specify): _____
Workers Comp Class Code: _____ ☐ Owner ☐ Officer ☐ Excluded
☐ Activate Etime - Entry Method: ☐ Punch ☐ Timecard Time Zone: _____

Tax Information

Tax Status (Single/Married/Married but withhold at a Higher Single rate): _____
Federal Allowances/Exceptions: _____ Additional FIT amount (if any): _____
State Allowances/Exceptions: _____ Additional SIT amount (if any): _____
SIT (income tax) State: _____ SUI (unemployment) State: _____
Local Tax Description: _____

Earnings/Deductions/Garnishments *(please include garnishment order)*

Name:	Amount (per payroll):	Pre/Post Tax:	Additional Information:
1.			
2.			
3.			
4.			

Direct Deposit Information

Bank Name:	Banking/ Savings:	Routing Number:	Account Number:	Full Net:	Amount (if any):
1.					
2.					
3.					
4.					

☐ Activate Employee Access